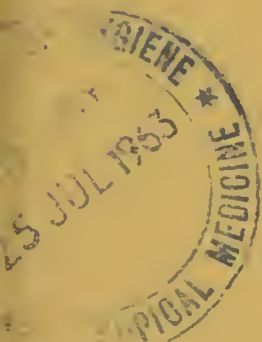


ESSEX EDUCATION COMMITTEE.



REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1926.

CHELMSFORD :

Printed by John Dutton, 8, Tindal Street, and 91, High Street.

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P R E F A C E .

TO THE CHAIRMAN AND MEMBERS OF THE ESSEX EDUCATION COMMITTEE.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Eighteenth Annual Report on Medical Inspection and Treatment of School Children in the Administrative County of Essex for the year ended 31st December, 1926.

Satisfactory progress was made during the year from the standpoint of inspections, but there is still considerable leeway to make up in respect to the treatment of defects. Better arrangements for domiciliary medical service would be the greatest step forward in accomplishing this. In the meantime, the minor treatment clinics and arrangements with hospitals are being steadily developed. The greatest need of the moment is the extension of dental treatment. A modest start in respect to the treatment of cripples has been maintained.

All insanitary schools should be made sanitary, especially in regard to sufficient water supply, lighting, heating, ventilation and cleanliness of the schoolrooms and surroundings.

In rural districts, the practice which is carried out in many areas of supervising arrangements for the mid-day meal for children who cannot return home should be universally extended. In addition, facilities for changing and drying wet boots and clothing are essential.

Education in health matters should be given a definite place in the curriculum.

Recreation grounds or playing fields should be provided wherever possible.

I take this opportunity of recording my indebtedness to the Chairman and Members of the Education Committee and Medical Inspection Sub-Committee. My thanks are also due to the Director of Education, Head Teachers, Clerks to the District Education Sub-Committees and the Medical, Dental, Nursing, and Clerical services for their hearty co-operation and assistance.

I desire, also, to thank the Chief Assistant County Medical Officer, Dr. T. P. Puddicombe, for compiling this Report, and for his help throughout the year.

W. A. BULLOUGH,

School Medical Officer.

PUBLIC HEALTH DEPARTMENT,

DUKE STREET,

CHELMSFORD.

11th April, 1927.



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ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR 1926.

Staff, &c.

The estimated population for the Geographical County of Essex for 1925 was 527,760, allocated as follows :—

(1) Administrative County area in which the Essex Education Committee are responsible for—

(a) Elementary and Higher Education	...	485,510
(b) Higher Education only	... ..	478,490

(2) County Boroughs	563,760
---------------------	--------	-----	---------

In area (1) (a) mentioned above there is an acreage of 928,502, and this is provided with 423 Elementary Schools, consisting of 247 Non-Provided and 176 Council Schools, including two Intermediate and three Special Schools for the mentally defective, the average attendance for 1926 being 58,542. Secondary Schools are eight in number with an accommodation for 2,105 pupils.

Area (1) (b) has 14 Secondary and Trade Schools with accommodation for 4,495 pupils.

There are also 13 Aided Secondary Schools within the County with a total number on books of 4,000. Of these Medical Inspection is carried out under the Council's arrangement for one only, with number on books of 103 girls. In addition Medical Inspection is carried out at the Herts and Essex High School, number on books, 238 girls.

The Medical, Dental and Nursing Staff on the 31st December, 1926, consisted of the following :—

(a) *School Medical Officer.*

W. A. Bullough, M.B., Ch.B., M.Sc., D.P.H., County Medical Officer.

(b) *Chief Assistant School Medical Officer.*

T. P. Puddicombe, D.S.O., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.,
Chief Assistant County Medical Officer.

(c) *Assistant School Medical Officers.*

(i) Full-time School Medical Inspector :—

Charlotte R. Brown (Mrs.), L.R.C.P., L.R.C.S., M.D. (Brux).

(ii) Partly occupied in School Medical Inspection, and also assisting in Child Welfare Work :—

Maud Bennett, L.R.C.P., L.R.C.S.

Mary D. Rankine, M.B., Ch.B., D.P.H.

Ethel U. Vawdrey (Mrs.), L.R.C.S., L.F.P.S.

(iii) Remainder of time occupied as Tuberculosis Officer :—

W. L. Yell, M.B., Ch.B., D.P.H. (Took up duty in July, 1926).

(iv) Remainder of time occupied as Tuberculosis Officer and Child Welfare Officer :—

L. S. Fry, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

W. Harvey, M.D., B.Ch., D.P.H. (Took up duty in October, 1926).

(v) Remainder of time occupied as Local Medical Officer of Health, Tuberculosis Officer and Child Welfare Officer :—

W. H. Alderton, M.C., M.R.C.S., L.R.C.P., D.P.H.

M. Barker, M.R.C.S., L.R.C.P., D.P.H.

W. T. G. Boul, M.D., Ch.B., D.P.H. (Took up duty in February, 1926).

P. J. Gaffikin, M.C., M.D., B.Ch., B.A.O., D.P.H.

N. S. R. Lorraine, M.D., Ch.B., D.P.H., F.R.S. (Edin.).

W. A. Milne, M.B., Ch.B., D.P.H.

J. Ramsbottom, M.B., Ch.B., D.P.H.

J. S. Ranson, M.R.C.S., L.R.C.P., D.P.H.

S. R. Richardson, B.A., M.D., B.Ch., M.R.C.P., D.P.H.

(vi) Other Medical Officers :—

During the year 1926 the following Medical Officers rendered part-time service as School Medical Inspectors :—

R. H. Vercoe, B.A., M.R.C.S., L.R.C.P., D.P.H. (Medical Officer of Health, Chelmsford Borough).

K. Simpson, M.D., M.R.C.P., D.P.H., as Combined Medical Officer for Barking, and undertakes Secondary School Inspection in that District for the Essex County Council.

R. A. C. Macnair, M.B., Ch.B., Assistant County Medical Officer, rendered part-time service during 1926 as School Medical Inspector, remainder of time as Tuberculosis Officer. Resigned August, 1926.

A. G. Wilkins, M.B., Ch.B., Assistant County Medical Officer, rendered part-time service during 1926 as School Medical Inspector, remainder of time as Tuberculosis Officer. Resigned December, 1926.

W. B. Wood, M.A., M.D., B.Ch., M.R.C.P., D.P.H. Resigned on being appointed Senior Part-time Clinical Tuberculosis Officer for the County.

(d) *Dental Staff.*

During 1926 the following part-time Dental Surgeons rendered services in the Districts named :—

Dentist.		District.
H. J. Barrand, L.D.S., R.C.S.	...	Saffron Walden and Stansted.
J. N. Baxter, L.D.S., R.C.S., R.F.P.S.	...	Lexden & Winstree and Tendring.
S. L. Boyton, L.D.S., R.C.S. ...	...	" "
J. E. Bonner, R.D.S. ...	...	Maldon.
E. J. Cloke, L.D.S., R.C.S. ...	...	Epping and Wanstead.
F. V. Denne, M.R.C.S., L.R.C.P., L.D.S., R.C.S. (Resigned May, 1926) ...	...	Chelmsford.
A. Goodey, L.D.S., R.C.S. ...	...	Belchamp and Halstead.
L. G. Hawkins, L.D.S. ...	...	Billericay and Ongar.
*V. S. Houchin, D.D.S., L.D.S. (Partners)...	...	
A. C. King, L.D.S., R.C.S. ...	...	Chelmsford.
D. F. Lewis, L.D.S., R.F.P.S.	...	Tendring.
E. I. Morgan, L.D.S., R.C.S....	.	Saffron Walden and Stansted.
(Resigned July, 1926)		
G. E. Phillips, L.D.S., R.C.S.	...	Woodford.
L. G. Pickett, L.D.S., R.C.S....	...	Rochford.
F. C. Ritchie, L.D.S., R.C.S. ...	...	Romford.
W. S. Rose, L.D.S., R.C.S. ...	...	Orsett.
P. E. Westley, R.D.S. ...	...	Tendring.
L. G. Whelpton, L.D.S., R.C.S.	...	"
O. H. M. Woodbridge, L.D.S., R.C.S.	...	Waltham Abbey.

*Resigned, and A. G. Taylor, L.D.S., R.C.S., took over work in July.

(e) *School Nurses.*

Chief Health Nurse Landon, D. M. ... General Training and Certified Midwife, R.S.I.

The following Health Visitors were acting as School Nurses on 31st December, 1926, in the Districts mentioned :—

District.	Name.	Qualifications.
Billericay	... White, G. M.	... General Training and Certified Midwife. Approved H.V.'s. Certificate.
"	... Hinton, A. L.	... Board of Education Certificate and Certified Midwife.
Braintree	... Watson, H. J.	... General Training and Certified Midwife.
"	... Skey, A. E.	... " " "
Chelmsford	... Franks, E. L.	... " " "
Dunmow, &c.	... Bright, R.	... " " "
Stansted, &c.	... Chittenden, A. E.	... " " "
Epping	... Myers, S. J.	... " " "
Buckhurst Hill	... Glover, E.	... " " " & R.S.I.
Halstead, &c.	... Jossaume, J.	... " " "
"	... Starr, G. M.	... " " "
Dagenham	... Richards, E. F.	... Board of Education Certificate and Certified Midwife.
Lexden & Winstree	*Ling, L. E.	... General Training and Certified Midwife.
"	*Jackson, M. J.	... " " "
Maldon	... Clapson, C. R.	... " " "
"	... Meachen, N. V.	... " " "
"	... Tansley, B. M.	... " " "
Ongar	... Mann, R. L.	... Sanatorium Training and Certified Mid- wife.
Orsett	... Wall, A. D. (Mrs.)	... General Training.
Grays	... *Moorman, E. H.	... " "
"	... *Button, E. L.	... Certified Midwife and long experience as H.V.
Tilbury	... *Marsh, E. J.	... General Training and Certified Midwife.
"	... *Page, S. V. B.	... " " "
Rochford	... Smith, E. M.	... " " "
"	... Richardson, P. M.	... " " " & R.S.I.
Romford	... Newby, A. E.	... General Training.
"	... Philpott, A. F. (Mrs.)	... General Training and Certified Midwife.
Saffron Walden	... Woodman, E. M.	... " " "
Tendring	... Steele, M.	... General Training.
"	... Wallace, A. C. G.	... General Training and Certified Midwife.
Clacton	... *Webb, B. V.	... " " "
Walton	... *Sollars, A.	... Certified Midwife.
Waltham Abbey, &c....	... Waterhouse, M.	... King's College Certificate.
Wanstead	... *Clarke, H.	... General Training and Certified Midwife.
Woodford, &c.	... Carnall, E. F.	... General Training.

*Also acts as H.V. for L.S.A.

Co-ordination of Health Work.

There has been no material alteration in the Combined Medical Appointments in the County during 1926.

Additional combined appointments in School and Medical Officer of Health duties are, however, being proposed in the immediate future in the Dagenham and Witham Districts. When these appointments mature there will be nine areas in the County in which the Medical Officer of Health is carrying out the Combined Medical work of Medical Officer of Health and School Medical Inspector.

Past experience of co-ordinating the work by appointment of a Medical Officer for combined duties has shown that this is an excellent plan for the more or less rural districts, always provided that the areas combined are of a suitable size.

Recent enactments placing more health duties on the County Authority have, perhaps, shown that some of the areas originally considered of a suitable size were really too large. Time and experience will, however, remedy any such defects.

Health Visitors, in the majority of cases, are carrying out combined duties under school, Child Welfare and Tuberculosis Schemes, thus giving them more variety in their work, preventing overlapping of duties and, I think, raising the standard of the service in general.

During 1926 one additional whole-time Health Visitor and one part-time (shared with a Local Authority) have been added, making a total number of 35 taking part in school work. Assistance of the District Nurse-Midwives when required is made use of in following up, &c. These have been increased by three, making a total of 141.

a) *Infant and Child Welfare Centres.*

Additional Centres have been opened during the year, viz., at Witham, Heybridge, Collesbury, North Chingford, Parkeston and Weeley, making a total of 39 under the County Council Scheme. In addition, in January, 1927, the County Council took over responsibility for Child Welfare duties in the Romford Rural and Hornchurch Urban areas.

b) *Nursery Schools are not established.*

c) *Care of Debilitated Children under School Age.*

All such children brought to notice are dealt with at Clinics and Child Welfare Centres and are referred for treatment as occasion requires. The following up is carried out by the Health Visitors.

5. School Hygiene.

As in previous years, all defects noticed are referred to the Director, and this usually results in early remedy.

These reports cover a variety of conditions. During 1926, reports were submitted on 41 schools, the following conditions amongst others being referred to :—

Renovations, &c., of playgrounds.

Unsatisfactory conditions of offices, heating, lighting and water supply.

Accommodation in classrooms and cloakrooms, school furniture, cleanliness and ventilation of rooms.

There are signs that teachers are taking a greater interest in this subject, and this is all to the good as many minor defects are due to lack of efficient cleanliness, which usually means that the caretaker is not over-zealous in carrying out his or her duties. Careful supervision by the teacher will usually provide efficiency.

Large building operations in extension of existing buildings and provision of new schools have been proceeding throughout 1926 and are still in progress.

There is no doubt that many country school buildings have been in the past, and some still are, not of the type of high standard of hygienic excellence one would desire when it is considered that for several hours of the day these buildings house a large proportion of the child population of the County. Comparison of the new buildings with the old, however, shows that the Authority is alive to the fact that these must be better in the future. This is all to the good for the health of the children and of future generations.

The following schools have been opened during the year :—

Dagenham Arnold Road Senior Mixed Council.

„ Valence Avenue Council.

„ Charlecote Road No. 5 Council.

„ Finnymore Road No. 4 Council.

Ramsden Crays Council.

Great Dunnow Council.

South Bentfleet Council.

Copford Eight Ash Green C.E.

The following schools have been permanently closed during 1926 :

Dagenham Drill Hall Temporary Council.

Ramsden Crays Temporary Council.

Great Dunnow Council.

Copford Temporary Council.

South Bentfleet Council.

In the Report for 1925 a Syllabus of Hygiene was set out with the statement that definite instructions had been issued by the Committee for its use in the teaching of hygiene to older scholars.

The results of inquiry show that teaching on these lines has been instituted in the majority of schools, and there is much interest shown in the subject by teachers and scholars.

Medical Inspection.

(a) Routine inspections have been made in accordance with the Board's regulations and comprise three groups, viz., Entrants, Intermediates, Leavers. In addition, a large number of children have been examined as Specials and Re-examinations. Figures of the examinations are shown in Table I. A and B. In two areas only are routine examinations now in arrears.

(b) Ascertainment of crippling defects has been carried out on similar lines to previous years, and special attention been given to these conditions, as set out under (i) of the Report.

(c) Holding of inspections off school premises. Now that medical inspection is an established fact, the necessity for suitable accommodation should be realised; and the building of all new schools (especially should this be so in the larger schools) provision should be made for this in order that the work may be carried out under suitable surroundings and with as little inconvenience as possible to all concerned.

The work of Medical Inspection must be raised to a higher level and be recognized as an integral part of the educational system of the country and not treated as a side issue.

Inspections were carried out off the school premises in the following instances:—

Brentwood R.C. ...	...	...	Convent adjoining.
Canewdon ...	...	...	Head Teacher's House.
Epping C.E. Boys ...	...	...	Church Room.
Potter Street, Harlow ...	...	...	Church Hall.
Upminster Girls and Infants ...	...	...	Congregational School-room.

Facilities provided for Children who partake of the Mid-day Meal at School.

There is evidence that a greater interest is being taken in the provision of facilities for the comfort of children remaining at school for dinner.

As shown in the reports of the Medical Officers there is, in many schools, room for improvement.

Seeing that one of the difficulties is that parents are ignorant of the best kind of food to give the child for the mid-day meal when it is partaken of at school, some recommendations have been added to M.I. 42, pointing out the more suitable foods. This pamphlet can be issued by Head Teachers to parents of all children who remain at school for dinner and reads as follows:—

I. Obverse.

ESSEX EDUCATION COMMITTEE. MEDICAL INSPECTION DEPARTMENT. DIETARY FOR SCHOOL CHILDREN.

Children should have four meals a day, and if these are given at regular times each day the children need nothing to eat between those times. Habits of regularity are soon learned and are valuable in keeping the children healthy.

Up to the age of eight or nine years, foods made with milk should form the chief part of a child's dietary. The following are some of the best and most economical foods for children:—

Oatmeal porridge and milk; peasmeal porridge and milk; bread (not new) and butter or margarine or bread soaked in ham fat or dripping; oatcakes; potatoes (mashed or grated) with suet, dripping, margarine or butter; broth or soup made with a piece of mutton, a bone or a ham shank, and in addition potatoes, barley, lentils, peas or beans; mutton; fresh fish; boiled rice or sago or tapioca with sugar; stewed fruits, such as rhubarb, apples, &c. Lentils or peas, even without meat or bone, make excellent soup.

SUITABLE DIET SCHEME.

Breakfast, 8 a.m.—Porridge and milk, bread and butter or dripping; sometimes an egg or a little fish; always plenty of milk.

Dinner, 12.30 p.m.—Broth (or soup) every second or third day; meat and potatoes or other vegetables; well boiled milk or suet pudding or stewed fruit. See back of this form for advice on suitable foods for children who partake of the mid-day meal at school.

Tea, 4.30 p.m.—Milk or weak tea, with bread and butter or margarine, and a little jam or jelly.

Supper, 6 to 7.30 p.m.—Cocoa or warm milk, with bread and butter.

UNSUITABLE FOODS, &c.

Coffee and strong tea, ale, beer or other alcoholic liquor should never be given to children. Sweets should be eaten only after a meal; taken at other times they spoil the appetite for proper and nourishing food.

GENERAL.

Children should be taught to cleanse their hands by washing before each meal and to always sit at meals; they should not be allowed to stand and "bolt" their food. They should be trained to eat slowly and to chew well. To assist in the thorough chewing of food, meat should always be cut into small pieces. Fluids should not be taken till the end of the meal.

Children should be encouraged to take plenty of open-air exercise; they will then be more able to digest good wholesome food.

It is the duty of the mother or guardian to teach the child regular *daily* habits with regard to the action of the bowels.

II Reverse.

MID-DAY MEALS AT SCHOOL.

Whenever a child, owing to the distance of the home from the school or other reasons, has to partake of the mid-day meal at school, the mother should call at the school and inquire of the Head Teacher as to what facilities there are for the provision of a meal or for adding to the food brought by the child at a nominal charge.

When circumstances compel children to take their mid-day meal at school, this meal should consist of any of the following:—

Bread and dripping

Bread and butter and lettuce sandwiches.

Bread and butter and cheese sandwiches.

Bread and butter and meat sandwiches.

When butter is not obtainable, margarine may be substituted.

Seasonable fruit, such as apples, pears, oranges and bananas should also be provided.

POINTS TO REMEMBER.

- (i) That wholemeal bread has more food value than white bread.
- (ii) That at many schools, hot milk or cocoa can be had at a cheap rate. Water is, however, sufficient in summer.
- (iii) That each child should have a more solid meal, including vegetables (see notes overleaf), when returning home in the evening; thus allowing for the mid-day meal to be of a lighter nature.

W. A. BULLOUGH,
School Medical Officer

DUKE STREET,
CHELMSFORD.

Findings of Medical Inspections.

Tables in the Form asked for by the Board of Education are given at the end of Report.

Tables I. A and B show numbers examined. These are less than for the previous year, the decrease being chiefly amongst the Specials.

For comparison the figures for the past four years are given :—

	1923.	1924.	1925.	1926.
Routine...	24,253	20,170	24,722	23,582
Specials	7,715	8,652	9,055	6,029
Re-examinations	2,917	8,285	15,290	14,846
Totals	34,885	37,107	49,067	44,457

Table II. A gives in detail numbers requiring treatment or observation. It will be seen that dental diseases, diseases of the nose and throat, and defective vision continue to contribute largely to the numbers.

Table II. B refers to routine cases only, and shows that 10·07 per cent. required treatment after excluding the numbers requiring treatment for dental conditions and cleanliness. This shows an improvement on 1925 and 1924, when the percentage requiring treatment were 11·53 and 10·35 respectively.

Uncleanliness.

During the year Health Visitors have continued to exercise scrupulous care in inspecting for cleanliness and following up any neglected case.

In the inspections conducted by the Medical Officers. Routine and Specials combined, 88 children required treatment and 444 observation. These figures again show improvement.

Table IV., Group V., shows that the average number of visits made to each school by the Nurses was 12, and that 198,639 examinations were made, 2,910 children being found unsatisfactory.

The Grays and Tilbury baths continue to be helpful in the matter of general cleanliness. 2,878 baths have been given at the former and 2,339 at the latter during the year.

(b) Other conditions needing treatment and discovered at Routine and Special Inspections are all noted in Table II., and similar methods to previous years have been adopted for the amelioration or cure of any defect found.

(c) *Extracts from Assistant Medical Officers' Reports.*

The following are extracts from the Assistant Medical Officers' Reports on the work in their different areas, as reviewed at the end of the year 1926 :—

Dr. W. H. Alderton—

- (1) The parents now appreciate the value of medical inspections and look forward to the visit of the School Doctor.

There are, however, instances where this is not so. These exceptions occur in the same villages where one has been accustomed to encounter a little obstruction.

- (2) Treatment has undoubtedly been assisted by the provision of two Nurses in the Lexden & Winstree District, as more time can be given to following up. In certain cases the Officer of the N.S.P.C.C. has helped.

- (3) Dental Treatment. This question appears to be always with us in a Rural District. It is a drawback to efficiency that a voluntary fund has to be called on for this work. If a Dental Clinic is to pay for itself, either the numbers treated at each clinic must be large or the charge too high for the parents to accept treatment.

- (4) Orthopædics. Progress has been made in the treatment of these cases, and parents are beginning to realise the advantage of the clinics being brought nearer their doors.

The full development of the complete Essex Scheme is eagerly awaited.

Dr. M. Bennett—

- (1) Routine inspections of schools proceeded normally, followed by Refraction and Dental Clinics, which are appreciated by most of the parents. The arrangement of Orthopædic Clinics is of great assistance in dealing with cripples.

- (2) Ringworm gave considerable trouble amongst children in one school. Eight cases were treated by exposure to X-rays, and the remaining eight scholars and one home contact treated by local applications. The origin of the disease would appear to have been infection from children in a home provided for London boarded-out children.

- (3) The standard of cleanliness is fairly good. A few dirty families still require constant supervision and visiting by the Health Visitor in order to obtain the desired cleanliness of the hair. Useful assistance in this matter is given by the teachers in many schools.
- (4) Cloakroom accommodation and facilities for drying wet clothes are poor in some schools.
- (5) Supervision of the mid-day meal by a teacher and facilities for the provision of a hot drink are arranged in nearly all the schools. It would be helpful if cod liver oil and malt could be supplied at a cheap rate from a County fund.

Dr. Boul—

- (1) The work of school medical inspection has proceeded smoothly. Routine work was somewhat interfered with during the epidemic of acute poliomyelitis. Every use has been made of the co-operation of Teachers and Attendance Officers, and their services are appreciated.
- (2) The scholars of different schools vary considerably with regard to the percentage of defects.

In comparing the results of inspections with experience previously gained in a northern area he especially notes—

- (a) The relative absence of ringworm.
- (b) The higher standard of dental cleanliness.
- (c) The increased percentage of rheumatic conditions, more especially in the riverside areas, and comments on the necessity for more care and treatment of these cases.
- (3) The clinics continue to be well attended, and much useful work is accomplished, both at Minor Ailment and Refraction Sessions.
- (4) Dental treatment has greatly increased, but the amount of conservative treatment is still too low when compared to the number of extractions.

An experiment of selling dental sets, consisting of a toothbrush, a box of prepared chalk and a leaflet on dental hygiene, has met with great success, some 3,000 sets having been sold.

- (5) Orthopædic Clinics have been held more frequently, and there is no doubt that money spent on this work will mean a definite saving in years to come.
- (6) Future requirements are provision of an Open-Air School or Classes for debilitated children and a Special Class for myopes.

Dr. Brown—

- (1) Dental Treatment. Arrangements are excellent. Extraction Clinics are well attended but, unfortunately, parents do not realise the importance of conservative treatment.
- (2) Defects of vision are receiving adequate treatment.
- (3) Cripples. The majority of these have been ascertained, and many are in attendance at London Hospitals and are encouraged to continue. The Orthopædic Clinic held at Romford, with the advice and recommendation of the Specialist, are of great value, the disadvantage in the scheme at present being the delay in admissions to Hospital for those requiring early treatment.
- (4) Tonsils and Adenoids. Every assistance in advice *re* these conditions is given the parents. When an operation is necessary the Council Scheme works smoothly and well, but residence in Hospital for one night at least should be insisted on.
- (5) Ringworm. The number of parents accepting X-ray treatment is too small, probably due to the cost. Familiarity with the good results of this form of treatment will do much to change the attitude of parents in time.
- (6) Uncleanliness. There has been marked improvement in personal cleanliness during the last two or three years. It is now a rare thing to see a verminous head at a school inspection.

Dr. L. S. Fry—

- (1) Inspections have proceeded satisfactorily. The attendance of parents is good and noticeably higher at the Entrants Examination as compared with other Groups.
- (2) Considerable progress has been made in the Dental Scheme, largely due to the energy and keenness of the D.S.C. Clerk.
- (3) Tonsils and Adenoids. Children requiring operations for these conditions have been dealt with fairly expeditiously, the majority being treated at Stratford.
- (4) Orthopædics. Clinics have been held with success, and a local voluntary scheme is under consideration for the treatment of all cases, including adults. If this materializes it should be possible to arrange for complete after-treatment of children on discharge from hospital.
- (5) The clinic at Epping is fairly well attended. There is great need for one in Waltham Abbey if suitable premises can be found.
- (6) Many children have to come long distances to school and arrangements by which hot milk or cocoa can be obtained at mid-day are still inadequate at most schools in the district.

Dr. N. S. R. Lorraine—

- (1) The parents showed keen interest in the medical inspection of their children and many defects were remedied with satisfactory results.

For all practical purposes no objections to examinations of children at inspections were lodged.

- (2) Dental Clinics have been conducted with the usual improvement to general health of numbers of children who were suffering from dental caries.
- (3) An Orthopaedic Clinic was held early in the year. Many crippled children received advice and treatment. It is to be hoped that facilities will be made for the extension of this scheme and the provision of the necessary units for the conduct of the scheme.
- (4) The facilities provided at the Shoeburyness Clinic have been appreciated by all concerned.
- (5) Epidemic diseases were kept well under control, due to the close co-operation between the School Authorities and the Medical Officers concerned.
- (6) I take this opportunity of expressing my gratitude to the Health Visitors and all the School Authorities for their close co-operation and untiring efforts to assist the Medical Staff in dealing with this important branch of Preventive Medicine and in their consideration of the health of the school child.

Dr. Milne—

- (1) Routine Medical Inspection has continued as in previous years, most of the schools being visited twice.
- (2) Orthopaedic Clinics are held as often as the numbers warrant. This is a very valuable addition to the service and makes provision for a class of case which previously was practically neglected. If full benefit is to be derived it will be obvious that children under five years of age must be included in the scheme and adequate provision made for X-ray examinations and after-treatment.
- (3) Increased work has been carried out under the Dental Scheme, but we are still a long way off dental treatment in the true sense.

Dr. J. Ramsbottom—

- (1) Inspections have been well attended by parents and objections are few. Treatment of conditions referred has increased.

- (2) Dental caries are prevalent and it is difficult to make parents realise the importance of treatment.

In arranging clinics special consideration should be given to local travelling facilities for the convenience of the children attending.

- (3) Orthopædic Clinics have been a success and after-treatment would be assisted if the School Nurses could have some training in remedial exercises.

Dr. Rankine—

- (1) Inspections have proceeded smoothly, refusals being few. Treatment suffers often, I believe, on account of lack of means: even oil and malt is beyond the means of some.
- (2) Dental Clinics are held regularly in Maldon. This much-needed work is still delayed in Braintree.
- (3) Refraction Clinics have been held and 175 children prescribed glasses. Minor Ailment Clinics are appreciated and are needed in Witham and Maldon.
- (4) Orthopædies. Clinics, which are held at intervals, have been of great assistance to the crippled. It is unfortunate that some have to wait so long before being admitted to hospital.
- (5) General health in the schools has, I am certain, improved, and there is a marked improvement in cleanliness, both in person and clothing, very noticeable. This is in a great measure due to the fact of the efficiency of the Health Visitors.
- (6) It should be possible for all children who remain for dinner, at least in the winter months, to have something warm to drink.

Dr. E. U. Vawdrey—

- (1) Inspection in the schools, with very few exceptions, is increasing and appreciated by the parents, probably largely due to the interest taken by Head Teachers.
Fewer neglected heads were found, and only one case of active pediculosis.
- (2) A considerable amount of dental work has been done, but there should be an increase in conservative dentistry.
- (3) Attendances at the Minor Ailment Clinics have been well up to the average. There is a marked diminution of ringworm of the scalp. Numbers of children have been satisfactorily operated upon under the Hospital Scheme with indisputable advantage to the children. Refraction Clinics are held every fortnight.
- (4) Measles, whooping cough, chicken pox and influenza have been prevalent.

Infectious Diseases.

Measles, mumps and chicken pox have all been prevalent and caused many absences from school, whilst in the summer and early autumn a considerable amount of anxiety was caused by an epidemic of anterior poliomyelitis in the Grays, Tilbury and Orsett Districts.

The local Sanitary Authority under Article 57 sanctioned periods of closure of 35 schools, the reasons for closure being as follows :—

Disease.				Number of Schools closed
Measles...	...	...	...	19
Infantile Paralysis	...	...	...	8
Scarlet Fever	...	...	...	3
Whooping Cough	...	...	...	2
Influenza	...	...	...	2
Diphtheria	...	...	...	1
				—
				35
				—

Closure was not made use of under Article 45 (b). Similar methods to previous years have been practised in exclusions of contacts of infected and simultaneous notification of the School Medical Officer and Medical Officer of Health of the conditions prevalent.

Under Circular 1337, certifying reduced attendance due to infectious disease, the School Medical Officer has issued certificates as follows :—

Disease.				Number of Schools.
Measles	...	...	...	40
Whooping Cough...	...	...	...	5
Chicken Pox	...	...	...	3
Mumps	...	...	...	1
				—
				49
				—

7. Following up.

There has been no change in the procedure of following up. The Health Visitor is the chief agent in this work and reports on each child on Form M.I.54.

The services of the District Nurse-Midwife are also of some material assistance.

The continued assistance of Head Teachers, the Care of Children Committees and the District Sub-Committee Clerks has been most valuable in this work.

Health Visitors made 21,954 visits to homes and District Nurse-Midwives 7,525 visits. This continued personal contact of the trained Health Visitor with the parent in the home must eventually tend to bring about some considerable benefit in the care of both the home and the family, together with a general raising of the standard of living.

8. Medical Treatment.

All parents are instructed in writing to consult their own Medical Attendant in regard to any ailment requiring treatment. Should this not produce the desired result efforts are made to get the condition treated at clinics or hospitals under the County Scheme.

(a) Minor Ailment Clinics.

Where these are in existence they are well patronised and render good service for conditions which would otherwise go untreated and tend to prolong absence from school of the child affected.

The total number of clinics is 19, an increase of three during the year.

It is hoped that during 1927 the Maldon Clinic will be built and work commenced, and the Braintree Clinic reorganised in suitable quarters.

Centres should also be established at Witham and possibly Brentwood and Waltham Abbey.

The total number of attendances at clinics during 1926 was 15,531, the number of individual children attending being 4,690.

List of clinics with particulars as to position and session held :—

Clinic.	Times of Sessions.	Where held.
1. Clacton	Monday, Tuesday, Wednesday, Thursday & Friday mornings	Skelmersdale Road, Clacton.
2. Grays	" " "	Grays Quarry Hill Council School.
3. Romford	Monday, Wednesday & Friday mornings	29, Eastern Road, Romford.
4. Woodford	" " "	The Shrubbery, South Woodford.
5. Chingford	Wednesday afternoons	South Chingford Council School.
6. Wivenhoe	Thursday mornings	Wivenhoe Council School.
7. Halstead	Wednesday mornings	Halstead Cottage Hospital.
8. Braintree	Tuesday mornings	Co-operative Buildings, Braintree.
9. Wanstead	Thursday afternoons	Handicraft Centre, Wanstead.
10. Buckhurst Hill	Friday afternoons	Buckhurst Hill St. John Church Hall.

Clinic.	Times of Sessions.		Where held.
Shoeburyness ...	Alternate Thursday afternoons		Council Chambers, Shoeburyness.
Saffron Walden ...	Alternate Friday mornings ...		Friends Adult School, Saffron Walden.
Tilbury ...	Tuesday & Friday mornings ...		Tilbury Welfare Centre.
Stansted ...	Alternate Wednesday mornings		Central Hall, Stansted.
Brightlingsea ...	„ „ ...		Church School, Brightlingsea.
Epping ...	Alternate Thursday mornings...		Gas Company Buildings, Epping.
Dunmow ...	Tuesday mornings ...		47, Stortford Road, Dunmow.
Dagenham ...	Tuesday mornings ...		3, Finnymore Road, Dagenham.
Weeley ...	Alternate Friday mornings ...		Council Offices, Weeley.

) Tonsils and Adenoids.

There has been quite a full quota of these cases dealt with during the year, and appears there is now as a rule less difficulty in obtaining the consent of the parents to operation for these conditions.

Table IV., Group III., shows that 505 children underwent operation and 2,002 received other forms of treatment, making a total of 2,507 receiving the required treatment.

No extra hospitals have been added to the Committee's list of 11 which undertake to carry out this work.

Endeavours have been made without the desired result to provide better facilities for the Rochford area. Efforts are still being made to remedy this defect.

) Tuberculosis.

Similar methods to previous years have been used in diagnosis, following up, &c., of these children, and when actual tuberculosis is found there is no difficulty in obtaining treatment under the County Tuberculosis Scheme. It is especially the re-tubercular type of child for whom so much could be done under the Education Act, and I venture to repeat a paragraph from last year's Report—

“If sufficient open-air school accommodation were provided there can be little doubt that such children would derive great and lasting benefit from school attendance, and this procedure would tend to reduce the incidence of tuberculosis in adolescence, as the delicate and pre-tubercular would, in a large percentage of cases, have their resistance so raised as to be able to withstand the incidence of this disease in that most critical period, early adult life.”

During the year 217 scholars (boys 95, girls 122), have received periods of Sanatorium treatment.

(d) *Skin Diseases* (Table IV., Group I.)

During 1926 there appears to have been less prevalence of these conditions. 2,673 children received treatment, and of these the large majority received treatment under the Committee's Scheme.

Of 113 cases of ringworm of the scalp 31 received X-ray treatment under the Committee's Scheme.

(e) *External Eye Disease.*

349 received treatment, 172 of these being treated at the clinics.

(f) *Vision.*

Table IV., Group II., shows a reduction in numbers as compared to the previous year; 1,919 were treated, 1,448 being dealt with under the Committee's Scheme.

741 children were prescribed glasses by the Committee's Medical Officers and 100 by outside agencies. Of these a total of 740 children actually obtained glasses.

(g) *Ear Disease.*

718 children received treatment, 483 of these being dealt with under the Committee's Scheme.

(h) *Dental Treatment.*

Whilst there has been some progress during 1926 in the provision of treatment for the elementary school child as shown by the return of work carried out, there is still ample room for increased facilities for the efficient and early treatment of dental defects.

Efficient and complete treatment in country districts is certainly more difficult to attain than in the Urban areas for various reasons, not the least of which is the financial question. The expense of providing the necessary staff and transport is increased and the average income of the parents is much less and contributions thus more difficult to obtain.

In the Report for 1925 the importance of this work was noted and an endeavour made to show the necessity for increased facilities. Greater facilities for this work are still necessary.

Table IV., Group V., records the amount of work carried out during 1926, and the figures show an improvement as compared with the previous year.

It is of interest to note that some work has been carried out in all districts, with the exception of Braintree and Dunmow, and there is now evidence that treatment will shortly commence in these districts.

(Crippling Defects.

Cripples continue to receive treatment at the London Hospitals, financial assistance being made in necessitous cases, both in regard to hospital charges and provision of surgical appliances.

The services of Mr. Whitechurch Howell, F.R.C.S., have again been available for holding of ascertainment and advisory clinics throughout the County. His advice and assistance have been much appreciated, both by the parents and Medical Officers.

The natural result aimed at is the complete and efficient treatment of all cripples. Financial considerations, lack of hospital accommodation and after-treatment facilities, however, indicate that it will be some considerable time before this hope is realised.

The power to make arrangements for orthopædic treatment and supervision of cripples has now been delegated to the Medical and Nursing Services Joint Sub-Committee in order that there may be a uniform scheme, and the following six points have been agreed upon :—

1. That a register be prepared and maintained, showing the names, ages and addresses of crippled children who may require treatment provided out of public money, and dividing the cases under the headings of "tuberculous" and "non-tuberculous."
2. That children included in such register in the latter class may be medically examined at suitable centres in order that there can be suggested to the Committee cases for in or out-patient treatment.
3. That appropriate treatment for cases sanctioned by the Sub-Committee be offered in any institution approved by the Ministry of Health or Board of Education, and that its cost be such sum as may be arranged and approved by the Sub-Committee.
4. That treatment not comprised within the terms of Clause 3 hereof, including the provision of necessary appliances, may be afforded, provided that the approval of the Sub-Committee is first obtained.
5. That After-care Centres be established at such places as may be approved by the Sub-Committee, and that, as a general rule, such centres be under the Council's control.
6. That parents be required to contribute towards the cost of treatment in accordance with their means, and that as a guide for this purpose, there shall be a scale.

In the treatment of cripples early treatment is the object to be aimed at in order to prevent permanent crippling, and such treatment and prevention are a sound economic proposition.

The following is a summary of the work carried out during 1926 :—

Clinics were held at the following centres :—Chelmsford, Halstead, Romford, Stansted, Saffron Walden, Southend and Woodford, one each; Braintree, Brentwood, Clacton, Epping, Harwich and Maldon, two each; Grays five and Colchester seven; making a total of 31 sessions.

At these clinics 286 children (boys 150, girls 136), were seen for the County. Of this total 36 had been previously reviewed by the Surgeon and 67 were under school age.

In addition a further 124 children were seen at the clinics for other Local Authorities.

Review of the conditions from which the children suffered gives the following :—

Congenital defects, Clubfoot, &c.	...	...	119
Infantile Paralysis, and after effects of	...	...	91
Spinal curvatures and twists	...	...	23
Paralysis, both leg and arm (Hemiplegia)	...	...	24
Cleft Palate	...	...	4
Other deformities, old injuries, &c.	...	...	25
			<hr/>
			286
			<hr/>

Surgical Tuberculosis cases are dealt with under the County Tuberculosis Scheme as noted in paragraph 8 (c).

History and advice given show the following :—

Recorded as having already had hospital treatment	...	124
Advised to continue present form of treatment	...	19
Require admission to hospital	...	73
Ordered apparatus or modified boots	...	61
For observation	...	84
No treatment required	...	26
Referred for X-ray examination	...	15
Massage advised	...	8

The actual number receiving hospital treatment during the year is 27 (boys 15, girls 12).

Remaining on the waiting list, 60 (boys 34, girls 26). Hospital treatment in many cases has to be prolonged owing to lack of facilities locally for efficient after-treatment. For this reason it is advisable that early provision should be made of at least a few After-care Centres.

Open-Air Education.

(a) *Classes* continue to be held in the playgrounds when suitable weather and facilities are available.

(b) *School journeys* have been arranged locally.

(c) *School Camps*—Nil.

(d) *Open-air Classrooms*—Nil.

(e) *Open-air Day Schools* are not provided, although great advantage might be gained by the inauguration of one or more in the vicinity of the larger centres of population.

(f) *Residential Open-air Schools.* 13 beds are maintained at the Ogilvie School, Ceton. During 1926, 19 new cases (boys 10, girls 9), were admitted to this school. 2 children received periods of treatment (boys 17, girls 15).

A few children were also admitted to other Residential Schools and Convalescent Homes for short periods.

Sible Hedingham Sanatorium School received children from the County Area for treatment of chest conditions or enlarged glands, the majority of these being of the pulmonary type. 45 children (boys 17, girls 28), were admitted for periods of treatment. Also 17 children suffering from surgical tuberculosis as noted above were treated at High Beech.

Physical Training is carried out by the teaching staff.

Provision of Meals—Nil.

School Baths—See paragraph 5.

Co-operation of Parents.

It is satisfactory to record that the majority of Medical Officers report continued increasing interest shown by parents at the inspections and 61 per cent. attended routine examinations.

Refusals to examinations during 1926 numbered 105 as compared to 127 for 1925 and 148 for 1924.

Co-operation of Teachers has continued as in past years.

The greater the assistance rendered by the Head Teachers in this work, the greater are the benefits received by the children.

Co-operation of Attendance Officers is as far as possible encouraged, and especially is this attained when the Clerk to the District Sub-Committee is himself interested in the work.

16. Co-operation of Voluntary Bodies, &c.

(a) *Care of Children Committees.* These bodies continue to show an increasing interest in the work, and this is being fostered by the combination of Care and Child Welfare Committees with a corresponding interest in the general welfare of the child population.

(b) *The Essex County Nursing Association* renders valuable assistance through its ever-increasing number of District Nurse-Midwives and their Superintendent Miss Tandon, who is also Chief County Health Nurse.

(c) *The Essex Voluntary Association for Mental Welfare* assists in supervision of the mentally defective, and calls attention to unnotified cases which come to their notice.

(d) *The N.S.P.C.C.* gives any necessary assistance when requested to visit negligent parents.

(e) *The British Red Cross Society.* A member renders assistance regularly at the Woodford Clinic and others have given help from time to time at Dental Clinics in various centres.

(f) *The Ministry of Pensions and the British Legion* have given occasional assistance in regard to children in whom they are interested.

(g) *Almoners of London Hospitals* have from time to time sent reports of children who are receiving treatment at these hospitals.

(h) *Poor Law Guardians* in some instances give assistance in provision of treatment, and increase of this help would be welcomed.

17. Blind, Deaf and Epileptic Children.

(a) *Ascertainment and report* have continued as in previous years. Table III gives the numbers under separate headings.

(b) *Blind.* Of these, 16 children (boys 12, girls 4), are in Residential Schools.

(c) *Deaf.* 28 children (boys 18, girls 10), are in certified Special Schools.

At the Gorleston Residential School for the Blind and Deaf, 35 beds continue to be reserved; at present 33 are in residence, viz., blind, 15 (boys 12, girls 3); deaf, 18 (boys 11, girls 7).

(d) *Epileptics.* Five children (boys 2, girls 3), are in Residential Schools.

(e) *Mentally Defective Children.* 154 children (boys 109, girls 45), are in attendance at Special Schools. Of these, 31, viz. (boys 18, girls 13), are in Residential Schools.

The three Special Day Schools in the County provide for the following:—

			Boys.	Girls.	Total.
Grays	...	...	31	6	37
Woodford	...	...	23	17	40
Romford	...	...	33	8	41
			—	—	—
Totals	...	...	87	31	118
			—	—	—

Facilities for cheap mid-day meals continue, and are taken full advantage of at above and baths are available at Grays and Woodford.

Five children (boys 4, girls 1), are in attendance at the Walthamstow Day School. The procedure of previous years has been continued for the report of educable children and those who have attended the Special Schools on attaining the age of 16 years to the Local Control Authority for care and control.

In the case of children who have not attended Special Schools although certified as mentally defective, these are referred by the Director of Education to the Essex Voluntary Association for further supervision.

The Head Teachers of the Romford and Grays Special Schools submit an after-noon report on boys and girls who have left these classes.

It is of interest to record that several of these ex-special school children are occupying their places in domestic service, factories, farm work, &c., although naturally in the case of some the wages are low.

Nursery Schools are not established.

Secondary Schools.

These have not been increased during the year. A large building programme is, however, in progress, including a new High School for Girls at Brentwood, Boys' School at Walthamstow and Boys' and Girls' School at Wanstead.

Existing accommodation is as follows:—

	No of Schools.	Accommodation.		No. on Books, 31st Dec. 1926.	
				Boys.	Girls.
Schools in Part III. Areas	10	3,648	...	1,587	2,357
Schools in remainder of County	8	2,105	...	680	1,580
Totals	18	5,753	...	2,267	3,937

In addition to Part III. Areas, there are 4 Trade Schools with 897 pupils on books (boys 649, girls 248).

Numbers and results of routine examinations carried out in the Secondary Schools are shown in Tables I. and II. These show that 2,600 pupils were examined at routine examinations, and 30 specials and 1,383 re-examinations made. This is over 400 examinations less than for the previous year, the decrease being shown in the specials and re-examinations.

At the routine examinations 312 individual children were found to require treatment (exclusive of dental disease), *i.e.*, 12 per cent., a high percentage for Secondary School children.

Defective teeth and vision as usual give the larger number of defects.

20. Continuation Schools are not established.

21. Miscellaneous.

(a) Bursar and Scholarship Candidates.

Details of defects found amongst the 720 pupils examined under this heading are given in Table III. at the end of the Report, and 85 individual pupils were found to require treatment, whilst 169 required dental treatment.

(b) Pupil Teachers, &c.

Examinations were made and reports submitted on 98 candidates as follows: Pupil Teachers 42, Intending Teacher Scholarships 3, Supplementary Teachers 32, Student Teachers 21.

(c) Propaganda, Lectures, &c.

Lectures to parents and scholars are given by Medical Officers and Health Visitors at Schools, Women's Institutes, Welfare Centres, &c., and occasional talks to parents and children have been given by School Dentists.

22. Employment of Children and Young Persons.

All cases brought forward by the Education Authority have been examined, the total number being 369, as set out below:—

			Boys.	Girls
(i) Submitted for examination	...	...	356	13
(ii) Passed as fit	...	...	348	13
Employments—				
(a) Farm work	...	...	12	—
(b) Home	...	...	40	7
(c) Gardening	...	...	14	—
(d) Paper delivery	...	...	182	5
(e) Milk delivery	...	...	19	1
(f) Errands	...	...	47	—
(g) Others. (Bread, caddyng, grocery, &c.)			34	—

Special Enquiries, &c.

During the year six Medical Officers have assisted in the enquiry *re* racial characteristics and card records have been made of 490 children (boys 237, girls 253).

Unfortunately, the full equipment was only available for use by one Medical Officer, consequently the scope of the enquiry was limited.

Dr. Ralph Williams, from the Board of Education, has made visits to the County during the year in the course of his enquiry into the School Medical Services.

A conference of Health Visitors was held by the School Medical Officer in May.

A conference of School Medical Inspectors was held in June, when several subjects in connection with school medical work were discussed. On the same day lectures were addressed at a public meeting by Sir Robert Jones on Orthopædics in general, and especially in reference to a scheme for Essex.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1926.

A - ROUTINE MEDICAL INSPECTIONS

Number of Code Group Inspections.

			Boys.	Girls.	Total
Entrants	..	..	4,363	4,117	8,480
Intermediates	..	..	3,481	3,556	7,037
Leavers	..	..	3,921	4,144	8,065
Totals	..	..	11,765	11,817	23,582

B.—OTHER INSPECTIONS.

			Boys.	Girls.	Total.
Number of Special Inspections	..		3,005	3,024	6,029
Number of Re-Inspections	..		7,100	7,746	14,846
Totals	..	..	10,105	10,770	20,875

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1926.

Defect or Disease.	Routine Inspections.		Special Inspections.	
(1)	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(2)	(3)	(4)	(5)	
Malnutrition	9	701	115	8
Uncleanliness :	25	437	53	7
(See Table IV., Group V.)				
Ringworm :				
Scalp	7	8	48	1
Body	14	3	42	—
Scabies	9	4	29	—
Impetigo	33	33	473	4
Other Diseases (Non-Tuberculous)	37	118	843	6
Blepharitis	11	117	49	3
Conjunctivitis	10	19	29	—
Keratitis	1	—	5	—
Corneal Opacities	5	4	11	—
Defective Vision (excluding Squint)	732	408	491	7
Squint	80	48	4	1
Other Conditions	14	32	86	2
Defective Hearing	23	84	40	4
Otitis Media	35	124	85	4
Other Ear Diseases	5	7	94	—
Enlarged Tonsils only	374	752	130	9
Adenoids only	217	140	45	4
Enlarged Tonsils and Adenoids	347	88	179	4
Other Conditions	18	484	102	9
Enlarged Cervical Glands (Non-Tuberculous)	15	102	81	9
Defective Speech	5	50	2	1
Dental Diseases	6829	608	270	1
(See Table IV., Group IV.)				
Heart and Circulation { Heart Disease :				
Organic	—	5	59	—
Functional	27	263	15	10
Anæmia	11	421	40	2
Lungs { Bronchitis	5	35	40	1
Other Non-Tuberculous Diseases	25	369	12	11
Pulmonary :				
Definite	—	1	3	—
Suspected	—	—	35	—
Non-Pulmonary :				
Glands	5	5	11	1
Spine	—	2	2	—
Hip	—	—	1	—
Other Bones and Joints	—	—	7	—
Skin	—	—	1	—
Other Forms	—	—	3	—
Nervous System { Epilepsy	1	6	5	—
Chorea	5	16	16	—
Other Conditions	3	44	22	3
Deformities { Rickets	2	17	18	—
Spinal Curvature	14	31	14	1
Other Forms	39	187	37	1
Other Defects and Diseases	210	1171	385	75

TABLE II.—*continued.*

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES.)

GROUP.	NUMBER OF CHILDREN.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :—			
Entrants	8480	761	8.97
Intermediates	7937	771	10.96
Leavers	8065	844	10.46
Total (Code Groups)	23,582	2,376	10.07
Other Routine Inspections	—	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1926.

—	—	—	Boys.	Girls.	Total
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	12	4	16
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	2	2
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	1	—	1
		Attending Public Elementary Schools	11	12	23
		At other Institutions	—	—	—
		At no School or Institution	12	6	18
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	18	10	28
		Attending Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	17	11	28
		At other Institutions	—	—	—
		At no School or Institution	4	5	9

TABLE III—continued.

			Boys.	Girls.	Total.
Mentally defective	Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children ... 109 Attending Public Elementary Schools ... 88 At other Institutions ... — At no School or Institution ... 35	109 88 — 35	45 62 2 25	154 150 2 60
	Notified to the Local Control Authority during the year.	Feeble-minded ... 14 Imbeciles ... 5 Idiots ... 2	14 5 2	9 7 3	23 12 5
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ... 2 In Institutions other than Certified Special Schools ... — Attending Public Elementary Schools ... 7 At no School or Institution ... 5	2 — 7 5	3 — 4 4	5 — 11 9
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ... 31 At no School or Institution ... 3	31 3	18 1	49 4
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... 1 At other Institutions ... — At no School or Institution ... 1	1 — 1	2 — 3	3 — 4
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... 16 At Certified Residential Open Air Schools ... — At Certified Day Open Air Schools ... — At Public Elementary Schools ... 136 At other Institutions ... — At no School or Institution ... 4	16 — — 136 — 4	15 — — 93 2 2	31 — — 229 2 6
	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anaemia, &c.)	At Certified Residential Open Air Schools ... 8 At Certified Day Open Air Schools ... — At Public Elementary Schools ... 265 At other Institutions ... — At no School or Institution ... 1	8 — 265 — 1	6 — 259 — —	14 — 524 — 1
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... 10 At Public Elementary Schools ... 22 At other Institutions ... — At no School or Institution ... 8	10 22 — 8	17 16 1 6	27 38 1 14
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools ... 6 At Certified Residential Cripple Schools ... 6 At Certified Day Cripple Schools ... — At Public Elementary Schools ... 250 At other Institutions ... 4 At no School or Institution ... 50	6 6 — 250 4 50	5 3 — 200 — 49	11 9 — 450 4 99

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1926.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp...	86	27	113
Ringworm-Body	50	8	58
Scabies	54	8	62
Impetigo	793	58	851
Other skin disease	1440	149	1589
<i>Minor Eye Defects</i> ..	172	177	349
(External and other, but excluding cases falling in Group II.).			
<i>Minor Ear Defects</i> ..	483	235	718
<i>Miscellaneous</i> ...	1902	3558	5460
(e.g., minor injuries, bruises, sores, chilblains, &c.)			
Total ..	4980	4220	9200

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) ...	1311	260	186	1757
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	137	18	7	162
Total ...	1448	278	193	1919

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	...	741
(b) Otherwise	...	106

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	...	662
(b) Otherwise	...	78

TABLE IV.—*continued.*

GROUP III TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme—in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
163	342	505	2002	2507

GROUP IV.—DENTAL DEFECTS.

Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5 ...	982	} Total ... 9476
	6 ...	3803	
	7 ...	2373	
	8 ...	952	
	9 ...	581	
	10 ...	267	
	11 ...	148	
	12 ...	140	
	13 ...	161	
	14 ...	69	

Specials... .. 47

Grand Total 9523

(b) Found to require treatment 6393

(c) Actually treated 4828

(d) Re-treated during the year as the result of periodical examination ... 209

(2) Half-days devoted to :—

Inspection 58	} Total ... 388
Treatment 330	

(3) Attendances made by children for treatment 5037

(4) Fillings :—

Permanent teeth 1147	} Total ... 1643
Temporary teeth 496	

(5) Extractions :—

Permanent teeth 2032	} Total ... 12061
Temporary teeth 10029	

(6) Administrations of general anaesthetics for extractions 1873

(7) Other operations :—

Permanent teeth 137	} Total ... 186
Temporary teeth 49	

TABLE IV.—*continued.*

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	12
(ii.) Total number of examinations of children in the Schools by School Nurses	198,639
(iii.) Number of individual children found unclean	2,910
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	11
(v.) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	2
(b) Under School Attendance Bye-laws	21

SECONDARY SCHOOLS

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1926.

A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections.

Age.	Under 12	12	13	14	15 & over.	Totals.
Boys	226	241	170	158	196	991
Girls	498	378	93	222	418	1609
Totals	724	619	263	380	614	2600

B.—OTHER INSPECTIONS.

	Special Cases.	Re-examinations.
Boys	9	45
Girls	21	1338
Totals	30	1383

Number of individual children found at Routine Medical Inspections to require treatment (excluding uncleanness and dental diseases) 312

TABLE II.
RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION IN 1926.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)				
Malnutrition	1	46	—	—				
Uncleanliness	—	—	—	—				
Skin	Ringworm :							
	Scalp	—	—	—				
	Body	—	—	—				
	Scabies	—	—	1				
	Impetigo	—	—	—				
	Other Diseases (non-Tuberculous) ..	1	20	—				
Eye	Blepharitis	—	10	—				
	Conjunctivitis	1	3	—				
	Keratitis	—	—	—				
	Corneal Opacities	—	—	—				
	Defective Vision (excluding squint) ..	207	184	3				
	Squint	—	2	—				
	Other Conditions	3	5	—				
Ear	Defective Hearing	—	10	—				
	Otitis Media	4	5	—				
	Other Ear Diseases	—	1	—				
Nose and Throat	Enlarged Tonsils only	26	53	—				
	Adenoids only	11	7	—				
	Enlarged Tonsils and Adenoids	10	—	—				
	Other Conditions	5	76	—				
Enlarged Cervical Glands (non-Tuberculous) ..	1	19	—	—				
Defective Speech	1	6	—	—				
Teeth—Dental Diseases	548	71	2	—				
Heart and Circulation.	Heart Disease :							
	Organic	—	—	—				
	Functional	1	37	—				
	Anæmia	2	26	—				1
Lungs	Bronchitis	1	1	—				
	Other non-Tuberculous Diseases	2	22	—				
Tuberculosis	Pulmonary :							
	Definite	—	—	—				
	Suspected	1	—	—				
	Non-Pulmonary :							
	Glands	1	1	—				
	Spine	—	—	—				
	Hip	—	—	—				
	Other Bones and Joints	—	—	—				
	Skin	—	—	—				
	Other Forms	—	—	—				
Nervous System	Epilepsy	1	1	—				
	Chorea	—	—	1				
	Other Conditions	1	8	—				
Deformities	Rickets	—	1	—				
	Spinal Curvature	4	48	—				10
	Other Forms	9	118	—				
Other Defects and Diseases	17	208	2	4				

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1926.

SCHOLARSHIP HOLDERS, BURSARS, ETC.

Defect or Disease.				No. referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.
	Malnutrition	..	..	—	2
	Uncleanliness	..	..	3	12
Skin	Ringworm :			—	—
	Scalp ..	..	..	—	—
	Body ..	..	..	2	—
	Scabies ..	..	..	—	—
	Impetigo ..	..	..	2	1
	Other Diseases (non-Tuberculous)	..	..	—	—
Eye	Blepharitis ..	..	..	—	2
	Conjunctivitis	..	..	—	—
	Keratitis ..	..	..	—	2
	Corneal Opacities	..	..	61	34
	Defective Vision (excluding squint)	..	..	1	—
	Squint ..	..	..	—	2
Ear	Other Conditions	..	..	—	—
	Defective Hearing	..	..	—	3
	Otitis Media	..	..	2	4
Nose and Throat.	Other Ear Diseases	..	..	—	—
	Enlarged Tonsils only ..	..	..	8	13
	Adenoids only ..	..	..	—	3
	Enlarged Tonsils and Adenoids	..	..	1	1
	Other Conditions	..	..	1	7
	Enlarged Cervical Glands (non-Tuberculous)	..	..	—	3
	Defective Speech	..	..	—	1
	Teeth—Dental Disease	..	..	169	13
Heart and Circulation.	Heart Disease :			—	—
	Organic ..	..	..	—	9
	Functional ..	..	..	—	11
Lungs	Anæmia ..	..	..	—	—
	Bronchitis ..	..	..	—	7
Tuber- culosis,	Other Non-Tuberculous Diseases..	..	..	—	—
	Pulmonary :			—	—
	Definite ..	..	..	—	—
	Suspected ..	..	..	—	—
	Non-Pulmonary :			—	—
	Glands..	..	..	—	—
	Spine ..	..	..	—	—
	Hip ..	..	..	—	—
	Other Bones and Joints	..	..	—	—
Nervous System.	Skin ..	..	..	—	—
	Other Forms	..	..	—	—
	Epilepsy ..	..	..	—	1
Defor- mities.	Chorea ..	..	..	—	1
	Other Conditions	..	..	—	—
Other Defects and Diseases	Rickets ..	..	..	—	6
	Spinal Curvature	..	..	—	12
	Other Forms	..	..	—	—
		..	..	4	29

Total number examined .. 720

Number of Individual Children found to require Treatment (excluding uncleanliness and dental treatment) .. 85